CATATUMBO ADELANTE

TEJIENDO CAMINOS

Cofinanciado por la Unión Europea Ayuda Humanitaria

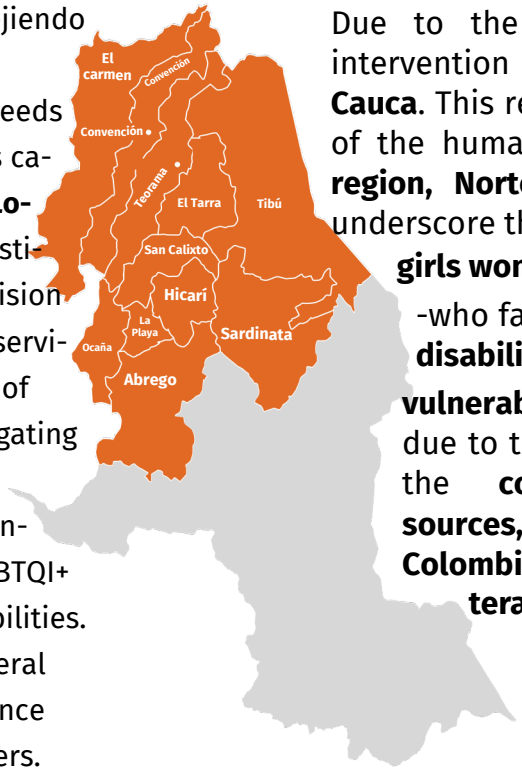
The Catatumbo region, located in northeastern Colombia, is facing one of the most severe humanitarian crises in recent years, exacerbated by the presence of Non-State Armed Groups (NSAGs), drug trafficking, and forced displacement. In recent months, the escalation of clashes between the National Liberation Army (ELN) and dissidents of the former FARC-EP—who are not currently part of the peace agreement, known as the FARC dissidents—along with other armed actors, has forced thousands of people to flee their homes or remain confined due to imminent threats to their lives and safety.

Scope of the Response

Description	Total
Victims assisted	***399***
Kits distributed	***80***
Migrants and refugees assisted	***185***
Psychosocial support sessions	***260***

Source: CARE & HI, 2025

Starting on **January 21, 2025**, the Tejiendo Caminos Consortium deployed a humanitarian response based on needs assessments. This intervention was carried out in coordination with the **Local Coordination Team** (LCT) and institutional entities, ensuring the provision of sexual and reproductive health services, as well as the implementation of protection measures aimed at mitigating the risks and harms caused by displacement and the disproportionate impact on women, girls, the LGBTQI+ population, and persons with disabilities. Efforts were centralized in the General Santander State, the Victim Assistance Center, and hotels serving as shelters.



Due to the **scale of the emergency**, the intervention was reinforced with teams from **Cauca**. This report aims to highlight the impact of the humanitarian crisis in the **Catatumbo region, Norte de Santander,** as well as to underscore the disproportionate effects on **girls women, and persons with disabilities** -who face **increased risks of gender- and disability- based violence heightened vulnerability, and limited access to rights** due to the crisis. The document draws on the **consortium's own information sources, as well as data from official Colombian state institutions and multilateral and cooperation agencies.**

MAIN FINDINGS

Emergency and Gender Impact: 51% of those affected were women and girls. Increased risks were reported for women, girls, and adolescents in temporary shelters.

Sexual Violence: Approximately 47 women and 2 men experienced violations of their sexual freedom and integrity. Underreporting was identified due to fear and stigma surrounding formal complaints.

Source: Information from the GBV Coordination Space, Catatumbo Session. Dated March 27, 2025.

Violence and Displacement: According to Bulletin No. 53 from the Government of Norte de Santander:

86 homicides

- **18** injured persons
- **6** missing peace signatories

- **58.052** displaced persons
- **19.468** confined persons

Gender-Based Violence:

According to SIVIGILA, in Norte de Santander, **214** out of every 100,000 women were victims of gender-based violence—a surge exacerbated by the humanitarian crisis.

Alarming Increase:

Gender-based violence has risen by 300% in femicides. 52% of displaced women reported having suffered some form of violence.

Displaced Peace Signatories::

More than 30 women peace signatories were forcibly displaced from their territories. One of them is listed as missing..

Persons with Disabilities:

The MIRA assessment identified persons with disabilities requiring differentiated care to ensure their inclusion in the humanitarian response.

Displacement and Sexual Violence:

Forced displacement and inadequate conditions in shelters have heightened the risks of sexual violence, disproportionately affecting women, girls, adolescents, and persons with disabilities.

The primary protection risks identified in the displacement context include **family separation** and loss of **support networks**, impacting different population groups unequally. **Women and girls**, amid the emergency, face an **increased burden of unpaid labor, difficulties accessing livelihoods, and heightened risks of gender-based violence (GBV)**—including **resorting to negative coping mechanisms (such as exploitation or survival sex)**. Men often struggle with emotional and economic hardships, particularly when forced into provider roles under adverse conditions. LGBTQI+ individuals, when separated from their families, experience intensified discrimination and rejection, leaving them more vulnerable and with limited access to essential services. Another critical risk is the **lack of basic survival resources,** as many displaced families lose their jobs and struggle to afford food, shelter, and medical care. In this context, pregnant women, young children, and infants are left in **extreme precarity, facing additional barriers to healthcare.**

Displacement intensifies violence, precarity, and risks for women, girls, and vulnerable populations, necessitating a differentiated response approach.

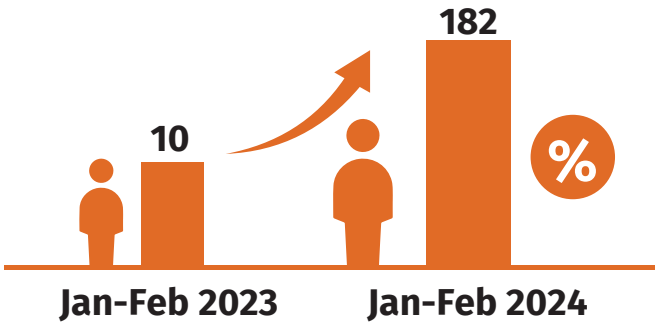
Moreover, **direct threats from NSAGs** increase risks of f**orced recruitment (especially of children and adolescents), sexual violence, and human trafficking. These threats disproportionately affect girls, women, and persons with disabilities.** Armed clashes also lead to land dispossession and loss of livelihoods, forcing many to rely on humanitarian aid. **The presence of landmines (AP mines) worsens the situation, restricting mobility and exposing communities to further dangers.**

399

- A total of **399** healthcare services were delivered in response to the humanitarian crisis.
- **298 women and 101 men.** Within this population, 7 persons with disabilities received care.
- 185 migrants and refugees received assistance.
- Regarding the most requested services, the highest demand was for **contraceptive methods**, with **279** services provided. This included distribution of temporary family planning kits (**120**) and subdermal implant insertions (**54**). Additionally, treatment was provided for sexually transmitted infections (STIs), with **55** cases addressed - **52** of which were syphilis cases (Venereal STI).

For maternal health services, **61 pregnant women were registered**, though only 17 received prenatal care.

To illustrate the scale of the emergency, when compared to the same period the previous year **(January-February 2024), only 10 cases of victimized individuals** were recorded. However, during this current



emergency, the consortium registered **182 individuals receiving care who had experienced at least one victimizing incident (70% related to forced displacement)**, representing an exponential increase.
While the local government implemented hotel and shelter accommodation strategies, these spaces have failed to provide optimal protection conditions. Cases of sexual violence and family relocations to unsafe environments have been reported. Shelters have exceeded their

recommended capacity and impose restrictions related to gender approaches, causing frustration and anxiety among residents.

Persons with disabilities have faced difficulties accessing humanitarian assistance due to lack of accommodations in food distribution, shelter, and basic services.

Persons with disabilities have faced difficulties accessing humanitarian assistance due to lack of accommodations in food distribution, shelter, and basic services.

Many care centers and shelters lack accessible infrastructure, preventing dignified mobility and living conditions for these individuals.

Rural roads and refuge areas are generally not adapted for people with reduced mobility.
The displacement situation has created health complications for persons with disabilities, as they typically require ongoing medical treatments (such as physical therapy or medication) and specialized care that is often unavailable in

temporary shelters and improvised health centers. Many have also lost their assistive devices during displacement, which haven't been replaced or made accessible to them. The consortium recorded a **27%** increase in healthcare services provided compared to the same period the previous year (January-February).

LIMITED ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES

One of the main risks identified in the context of forced displacement is the l**imited access to sexual and reproductive health (SRH) services**. Furthermore, more than **27,381** confined individuals cannot access these services, and restrictions imposed on medical and humanitarian missions have blocked health responses, affecting essential services—particularly for pregnant women.

Another critical factor is the **lack of comprehensive care for survivors of gender-based violence (GBV)**, as gaps persist in medical, psychosocial, and legal support for these individuals. Interinstitutional coordination remains weak, preventing an effective response. Additionally, the migrant and refugee population in the region, estimated at **4,737**, faces unequal access to SRH services, with difficulties obtaining emergency contraception, prenatal care, and treatment for sexually transmitted infections (STIs), disproportionately affecting girls, women, and persons with disabilities. From January to February 2025, CARE Colombia, through the Tejiendo Caminos project, has provided support.

Humanity & Inclusion (HI), also under the Tejiendo Caminos project, delivered the following services:

Total services provided: **1,290 consultations**. Kits distributed: **80** during the humanitarian crisis.

Mental Health Services: 395 individuals received care, including: 60 mental health consultations, 260 psychosocial support sessions, 15 emotional well-being kits distributed, and 60 psychological first aid interventions.

- Rehabilitation Services: 890 individuals assisted, categorized as follows: 25 physical health consultations, 320 primary healthcare services for children aged 1–5 years, 480 assessments using the MIRA tool, 30 assistive devices distributed, **and 35 psychoprophylactic kits provided.**

Regarding mental health, the emotional toll of forced displacement and violence has led to increased cases of anxiety, depression, and post-traumatic stress, especially among children and adolescents exposed to family separation and home loss. Caregiving women, who shoulder family well-being responsibilities, exhibit high stress levels and psychosocial exhaustion due to the emotional and economic burdens of the crisis. However, mental health services remain insufficient, with few trained professionals and limited access to timely treatment—particularly affecting rural and Indigenous communities, as well as shelter residents in urgent need of psychological support.

HUMANITARIAN RESPONSE

The available humanitarian aid in the region has been severely impacted by cuts to international funding, particularly due to **Stop Work Orders from the U.S. government freezing or canceling financial support. his reduction has strained the operational capacity of humanitarian agencies and international organizations**, jeopardizing programs in key areas like health, protection, and emergency assistance. One of the hardest-hit sectors is sexual and reproductive health, where **funding shortages have restricted access to contraceptives, prenatal/postnatal care, and GBV response services.** Consequently, many girls and women lack essential care, **worsening their vulnerability amid displacement and crisis. The funding gap has also diminished the capacity to address rising cases of anxiety, depression, and PTSD, particularly among displaced and migrant populations.** Additionally, the cuts have intensified pressure on local health systems, which already **struggled structurally to serve crisis-affected communities. Growing reliance on dwindling resources—without adequate financial reinforcement—threatens the sustainability of humanitarian efforts and protection for the most vulnerable groups.**

LIFE STORY

Mariela, age 28, is a mother of three children (11, 7, and 3 years old). Originally from the village of San Pablo in Teorama, Norte de Santander, she has always loved cooking and was known in her community for selling some of the best street food, as she proudly recalls. In January 2025, Mariela was forced to close her food stand due to armed clashes—she was too afraid to keep it open. Additionally, non-state armed groups (NSAGs) demanded extortion fees she couldn't afford. A resilient survivor, Mariela endured sexual, physical, and psychological abuse as a child from her caregivers and later from her partners. During her displacement, she made the difficult decision to leave with her children. She was overwhelmed not only by the armed conflict but also by the constant violence inflicted by the father of her children over the past eight years. Mariela arrived in Cúcuta in January 2025 during the mass displacement from Catatumbo and was assisted by CARE Colombia through the Tejiendo Caminos project. She received psychosocial support at the Estadio General Santander and was prioritized for humanitarian cash assistance in March under the same project. After receiving this support, Mariela was able to improve her economic situation and overcome obstacles caused by the armed conflict and gender-based violence through her entrepreneurial venture selling hayacas and sancocho, especially on weekends.

RECOMMENDATIONS FOR THE STATE

1. **Guarantee the fundamental rights of populations in their territories:** The State must work to ensure the life, integrity, and dignity of all people living in the Catatumbo region through peacebuilding and sustainable development initiatives.

2. **Ensure access to Sexual and Reproductive Health (SRH):** Implement medical brigades with a differential focus in rural and hard-to-reach communities, ensuring the availability of contraceptives, prenatal care, and follow-up for high-risk pregnancies. Strengthen the capacity of health centers to handle obstetric emergencies.

3. **Strengthen mental health care::** Increase the availability of mental health professionals, including psychologists and psychiatrists, in the most affected areas. Develop community-based psychosocial support strategies and establish safe spaces for the emotional recovery of affected populations.

4. **Improve conditions in shelters and host communities:** Ensure permanent access to clean water, adequate sanitation, and reduce overcrowding in these spaces. Strengthen health, education, and nutrition services for displaced and vulnerable populations, especially children, women, and persons with disabilities.

5. **Plan with a differential and intersectional approach in assistance:** Ensure that humanitarian aid meets the specific needs of each population group, particularly persons with

disabilities, by supporting their family networks and promoting reasonable accommodations and accessibility for full inclusion.

6. **Monitor and update emergency response plans:** Strengthen coordination between government entities and humanitarian agencies to improve health and protection crisis management, periodically updating response plans and conducting drills in high-risk communities.

RECOMMENDATIONS FOR INTERNATIONAL COOPERATION

1. **Secure funding for health and protection programs:** Mobilize financial resources to prevent the collapse of essential health and protection services, which have been affected by reduced humanitarian funding, ensuring the sustainability of interventions in the medium and long term.

2. **Strengthen inter-institutional coordination:** Coordinate efforts among cooperation agencies, NGOs, and government entities to ensure a comprehensive response in child protection and access to education in designated shelters, avoiding resource duplication.

3. **Train caregivers and teachers:** Implement training programs on child protection and socioemotional strategies to mitigate the impact of violence and displacement on children and adolescents, enabling early identification of risk indicators.

4. **Promote aid in rural areas:** Design strategies to ensure humanitarian aid reaches dispersed rural communities,

overcoming geographic and logistical barriers.

5. **Ensure the use of disaggregated data in inclusive programming:** Collect detailed information to properly identify and address the needs of girls, women, and persons with disabilities, allocating financial resources for reasonable accommodations that ensure their full inclusion in humanitarian response efforts.